

Statement of Organization Recipient Committee

(Government Code Sections 84101-84103)

WHERE TO FILE:

File original and one copy of this form with:
Secretary of State
Political Reform Division
P.O. Box 1467
Sacramento, CA 95812-1467

And, if applicable, file one copy of this form with:
The city or county officer, if any, who receives the
committee's original campaign disclosure
statements.

STATEMENT OF ORGANIZATION

Date Stamp

RECEIVED

94 OCT 25 AM 9:33

JENNIFER M. PERRIN
CITY CLERK

CALIFORNIA
1994 FORM

410

For Official Use Only

Type or print in ink

Amendment

☒ Check box if an Amendment
and enter I.D. number:

943030

SEE INSTRUCTIONS ON REVERSE

I Committee Information

Date Qualified as
Committee

(Month, Day, Year)

☐ Check box if not yet qualified

NAME OF COMMITTEE

Citizens for Sieglock

ADDRESS OF COMMITTEE (NOT P.O. BOX) NO. AND STREET

CITY STATE ZIP CODE AREA CODE/PHONE NUMBER

COUNTY OF DOMICILE

COUNTY WHERE COMMITTEE IS ACTIVE IF DIFFERENT
THAN COUNTY OF DOMICILE

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY STATE ZIP CODE AREA CODE/PHONE NUMBER

II Treasurer and Other Principal Officers

NAME OF TREASURER

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/DAYTIME PHONE

NAME AND POSITION OF OTHER PRINCIPAL OFFICER(S)

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/DAYTIME PHONE

Attach additional information on appropriately labeled continuation sheets.

III Disposition of Surplus Funds

You must specify what disposition will be made of leftover campaign funds, if any, at termination.

Funds will be donated to charity

IV Verification

I have used all reasonable diligence in preparing this statement and to the best of my knowledge the information contained herein is true and complete. I
certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on Oct. 20, 1994

DATE

At

Stockton, CA
CITY AND STATE

By

[Signature]
SIGNATURE OF TREASURER

✓ Executed on Oct 20, 1994

DATE

At

Folsom, CA
CITY AND STATE

By

[Signature]
SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____

DATE

At

CITY AND STATE

By

SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____

DATE

At

CITY AND STATE

By

SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

FOR INFORMATION REQUIRED TO BE PROVIDED TO YOU PURSUANT TO THE INFORMATION PRACTICES ACT OF 1977, SEE INFORMATION MANUAL ON CAMPAIGN DISCLOSURE PROVISIONS OF THE POLITICAL REFORM ACT.

State of California Fair Political Practices Commis